

Original

ORIGINAL

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

(1) DEVEARL L. BACON #22/242
(Name of Plaintiff) (Inmate Number)

Sec 1181 Paddock, Rd. Smyrna Del. 19977
(Complete Address with zip code)

06 - 267

(2) _____
(Name of Plaintiff) (Inmate Number)

(Case Number)
(to be assigned by U.S. District Court)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

(1) See vs. Warden Carroll
(2) Ward
(3) Sheets
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

CIVIL COMPLAINT

•• Jury Trial Requested



I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

02-431-JJF
05-714-JJF

By scanned
JFP

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No

B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No

C. If your answer to "B" is Yes:

1. What steps did you take?

2. What was the result?

D. If your answer to "B" is No, explain why not:

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant:

Employed as

Mailing address with zip code:

(2) Name of second defendant:

Employed as at

Mailing address with zip code:

(3) Name of third defendant:

Employed as at

Mailing address with zip code:

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1.

* Deliberate Indifference

See Abach

2.

* Right to Access

See

3.

* Freedom of Speech

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1.

See Abach Sheets

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

DEVEAR L. BACON

Plaintiff

v.

WARDEN CARROLL ;

Deputy WARDEN McGUIGAN,

JOE HUDSON,

Lt. CARROTHERS,

Lt. LEGATES ,

Lt. BOONE ,

Lt. PROFACI ,

Lt. FORBES ,

Sgt. SNEAD ,

C.M.S. - ,

F.C.M. : DR. TAMMY KASTRE

Defendants.

CASE NO.

Jury Demand

Comes Now, The Plaintiff SEVEAR L. BACON
 Pro-Se in presenting His Complaint which has been
 prevented and Impaired to Right To Access and
 Freedom of Speech. Defendant's Caused "A Deliberate Indifference".

It is prayed that this Honorable Court Intrepreted
 Plaintiff's Claims in which Plaintiff can prove Denied Access
 and Rights To Freedom of Speech.

COUNT I

Common ALLEGATIONS

1. This is a Suit with Damages "Exceeding 50,000".
2. Plaintiff SEVEAR L. BACON is a Resident of State
 of Delaware and is housed at D.C.C.
3. Defendant Warden Carroll of D.C.C., a Resident
 of Del., He is sued in His individual capacity.

4. Defendant, Deputy Warden McGuigan of J.C.C. (now Warden of Webb Corrections), a resident of Del., He is sued in His individual capacity.
5. Defendant, Joe Hudson of J.C.C., a resident of Del., He is sued in His individual capacity.
6. Defendant, Lt. Carrothers of J.C.C., a resident of Del., He is sued in His individual capacity.
7. Defendant, Lt. Legates of J.C.C., a resident of Del., He is sued in His individual capacity.
8. Defendant, Lt. Boone of J.C.C., a resident of Del., He is sued in His individual capacity.
9. Defendant, Lt. Profaci of J.C.C., a resident of Del., She is sued in Her individual capacity.

10. Defendant, Lt. Forbes of D.C.C., a resident of Del., He is sued in His individual capacity.

11. Defendant, Sgt. SNEAD of D.C.C., a resident of Del., He is sued in His individual capacity.

12. Defendant, Correctional Medical Services (C.M.S.) 10 Corporate Circle, New Castle, Del. 19720, is and at all material time herein until September 19, 2005, was the D.C.C. health care provider. In their official capacity and individual capacity providing health care services, they are responsible for inmates medical needs while they are incarcerated at D.C.C., They are sued in their individual and official capacity.

13. DEFENDANT, FIRST CORRECTIONAL MEDICAL (F.C.M.) 1575 MCKEE RD, SUITE 201, DOVER, DEL. 19904, is AND AT ALL MATERIAL TIME HEREIN UNTIL July 2005, WAS THE D.C.C. HEALTH CARE PROVIDER. IN THEIR OFFICIAL CAPACITY AND INDIVIDUAL CAPACITY PROVIDING HEALTH CARE SERVICES, THEY ARE RESPONSIBLE FOR INMATES MEDICAL NEEDS WHILE THEY ARE INCARCERATED AT D.C.C., THEY ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITY. (F.C.M., 12795 NORTH WILDLIFE AVENUE, P.O. BOX 69370, TUCSON, ARIZONA 85731-0015)

14. ON MAY 1, 2004 PLAINTIFF WAS LEAVING OUT OF BUILDING 24 "B" DINING HALL D.C.C., AS PLAINTIFF WAS WALKING TOWARDS DOOR PLAINTIFF SLIPPED DOWN ON A WET SPOT ON THE FLOOR. PLAINTIFF TURNED TO GET UP FROM THE FLOOR PLAINTIFF FELT SHARP PAIN IN LOWER BACK, A CORRECTIONAL OFFICER (NO NAME GIVEN) TOLD

Plaintiff "don't try to move" ; Lt. CARROTHERS (Shift Commander) SAID to Plaintiff "STAY ON FLOOR UNTIL NURSE gets here". NURSE placed Plaintiff in wheel chair AND Plaintiff WAS taken to NURSES OFFICE, NURSE ASKED Plaintiff "do you fill ANY PAIN", Plaintiff ANSWERED "YES". Lt. CARROTHERS AND NURSE ASKED Plaintiff "what happen" Plaintiff STATED: "I slipped landed on my back I turned left to right to get up off the floor AND felt like A KNIFE stuck me up my back, A C/O told me NOT to MOVE Along with Sgt. SNEAD". The NURSE wrote A Report down AND orderd Plaintiff something for the PAIN. Lt. CARROTHERS orderd his staff members to "write A INCIDENT REPORT".

15. Plaintiff filed paper work through ; Kitchen Commander, M.H.U. Shift Commanders, AND

INTERNAL AFFAIRS ASKING FOR A photo(s) of this HAZARDOUS AREA, AND ASKED "WHY WASN'T THERE ANY WARNING SIGNS (WET FLOOR SIGNS); THEN PLAINTIFF FILED FOR ALL MEDICAL AND INCIDENT REPORTS, AND NEITHER WAS GIVEN (SEE EXHIBIT A).

16. This incident WAS ALSO WITNESS BY THREE OTHER INMATES MR. MARTIN ROBERTS #174059, MR. MARK TINGLE #381464, AND MR. GREGORY DESHIELDS #256942 (SEE EXH. A).

17. ON MAY 7, 2004 PLAINTIFF ALONG WITH INMATE MARTIN ROBERTS #174059 WAS WALKING IN DINING HALL "B" BUILDING 24 D.C.C., AS WE WENT TO SIT DOWN AT FIRST TABLE WE SEEN A LOT OF WATER ON THE TABLE AND FLOOR WE DIDN'T SIT AT THE WET TABLE, AS WE LOOKED UP TO THE CEILING TO SEE WHERE THE WATER WAS COMING FROM, WE NOTICE THAT THE WATER

WAS COMING FROM A OUT GOING (SE) SEWAGE PIPE".
THE WATER FROM THE PIPE CAUSED THE HAZARDOUS
AREA WHERE PLAINTIFF HAD FELL ON MAY 1, 2004. MR.
ROBERTS AND PLAINTIFF FILED PAPER WORK AND ASKED
"WHY WASN'T INMATE'S NOT BEING CAUTIONED ABOUT
THESE HAZARDOUS AND UNSANITARY AREA'S" (SEE EXH B)
BOTH MR. ROBERTS AND PLAINTIFF FILED FOR AN
INVESTIGATION AS TO WHY INMATE'S WERE NOT BEING
CAUTIONED AND ASKED FOR PHOTO'S OF THE HAZARDOUS
AREA'S SO THAT THE EVIDENCE MAYBE PRESERVED, NO
PHOTO'S WAS TAKEN, NOR WAS PLAINTIFF INFORMED OF ANY
INVESTIGATION. (SEE EXH. B).

18. FROM MAY 1, 2004 - MAY 17, 2004 PLAINTIFF
RECEIVED 500 mg. Ibuprofen FOR PAIN IN LOWER BACK.
PLAINTIFF FILED SICK-CALL SLIPS EXPLAINING PAIN AND
SUFFERING. (SEE EXH. C), ON MAY 14, 2004, PLAINTIFF

WAS SEEN BY DOCTOR, DOCTOR STATED: "YOU HAVE SWELLING IN LOWER BACK AND A SPRAIN". PLAINTIFF WAS ORDERED RUBBING CREAM AND PAIN KILLERS. PLAINTIFF HAD TO PAY FOR MEDICAL TREATMENT (SEE EXH. C). ON MAY 17, 2004 PLAINTIFF FILED SICK-CALL AND ASKED FOR 'MEMO' STATING: "WHAT PLAINTIFF COULD PICK UP OR NOT", PLAINTIFF NEEDED TO GET A JOB AND WAS GIVEN A JOB IN THE KITCHEN., ON AUG. 29, 2004 (WHILE WORKING) PLAINTIFF FILED SICK-CALL AND STATED: "FOR THE PAST 3 WEEKS I BEEN BENDING AND MOVING MY BACK, I'M STILL IN PAIN I NEED MY IBUPROFEN RE-NEWED. I ALSO NEED A X-RAY OF MY BACK (SEE EXH. D).

19. ON JUNE 17, 2004 - JANUARY 16, 2005 PLAINTIFF FILED TO HAVE X-RAY'S OF BACK AND FOR PAIN KILLERS. (SEE EXH. D).

20. ON FEB. 11, 2005 PLAINTIFF WAS GIVEN A X-RAY AT D.C.C. MEDICAL, THE NURSE WHO GAVE THE X-RAY STATED TO PLAINTIFF: "if you WANT to SEE YOUR RESULTS of your X-RAY'S, they will be DONE by Feb. 15, 2005, just put sick-call slip in so you CAN 'SEE' your X-RAY'S". PLAINTIFF FILED FOR RESULTS OF X-RAY'S (SEE EXH. D). ON ABOUT 3RD WEEK OF APRIL 2005 PLAINTIFF RECIEVED COPY OF sick-call filed MARCH 16, 2005, AT BOTTOM OF sick-call WAS MESSAGE FROM MS. LESLIE ROBINSON STATING: "NO RESULTS AT PRESENT time, DOCTOR will NOTIFY if ABNORMAL". (SEE EXH. D)

21. AFTER NOT PHYSICALLY SEEING RESULTS OF X-RAYS ON APRIL 5, 2005 PLAINTIFF FILED MEDICAL GRIEVANCE AND REQUESTED: "to PHYSICALLY SEE X-RAY'S" (SEE EXH. E) ; ON MAY 12, 2005 PLAINTIFF TALKED WITH INVESTIGATOR TO ABOVE MEDICAL GRIEVANCE, PLAINTIFF ASKED TO

physically SEE RESULTS OF X-RAY'S, MS. ANITA

ELLEN STATED: "Plaintiff 'could not'" (SEE EXH. E).

Plaintiff had A RIGHT TO SEE X-RAY RESULTS. THIS CAUSED A INDIFFERENCE.

22. AS A DIRECT RESULT OF FALL. Plaintiff suffered SERIOUS AND PERMANENT INJURIES TO BACK.

23. AS A DIRECT RESULT OF AFORESAID FALL, Plaintiff SUFFERE SEVERE INJURIES THAT PREVENTED him from SLEEPING OR FREE MOVEMENT OF BENDING

24. AS A DIRECT RESULT OF FALL Plaintiff SUSTAINED AND SUFFERED OVER AN EXTENDED PERIOD OF TIME, SEVERE PHYSICAL PAIN. (SEE EXH. A-8).

25. AS A DIRECT RESULT OF FALL Plaintiff WAS DEPRIVED OF OR HAD MUCH DIFFICULTY IN MANY EVERYDAY PHYSICAL AND PLEASURABLE ACTIVITIES. (SEE EXH. A-8).

26. AS A DIRECT RESULT OF PROXIMATE RESULT OF

INJURIES SUSTAINED IN FALL, PLAINTIFF DEVELOPED AN DEPENDENCY ON PAIN KILLERS (SEE EXH A-D).

27. AS A DIRECT RESULT OF NOT RECEIVING INCIDENT REPORT'S OR PHOTO'S OF HAZARDOUS AREA'S, PLAINTIFF COULD NOT PRESERVE THE EVIDENCE.

28. AS A DIRECT RESULT OF WATER FALLING DOWN ON TABLE FROM SEWAGE PIPE AND BY THESE AREA'S NOT BEING CAUTIONED, PLAINTIFF (MR. ROBERTS #174059, MR. TINGLE #381464, AND MR. DESHIELDS #256942), WAS EXPOSED TO HAZARDOUS + UNSANITARY CONDITIONS.

COUNT II

CONVERSION, INTERFERENCE WITH PROSPECTIVE ADVANTAGE, BAD FAITH LIABILITY,

29. PLAINTIFF REALLEGES PARAGRAPH 14 THROUGH 28 OF COUNT I AS IF ALLEGATIONS HEREIN BY

THIS REFERENCE.

30. DEFENDANT'S JOE HUDSON, LT. LEGATES, LT. PROFACI, LT. BOONE, LT. FORBES, AND LT. CARROTHERS, DESPITE RECEIVING LETTERS ASKING FOR FORMS, PHOTO'S, AND INCIDENT REPORTS OF HAZARDOUS AREA'S REFUSED TO PRESERVE THE EVIDENCE.

31. DEFENDANT'S F.C.M., C.M.S., DESPITE RECEIVING SICK-CALL SLIPS AND MEDICAL GRIEVANCES REFUSED TO PRESERVE AND GIVE PLAINTIFF PROVE OF INJURY. THIS CAUSES A "DELIBERATE INSUFFERENCE".

32. DEFENDANT'S JOE HUDSON, LT. LEGATES, LT. PROFACI, LT. BOONE, LT. FORBES, LT. CARROTHERS, F.C.M., AND C.M.S., AS A DIRECT AND PROXIMATE RESULT OF THE ABOVE ACTIONS DESCRIBED HEREIN, HAS SHOWN

"Bad Faith" in its activities by not providing copies or X-RAY'S of Plaintiff's records.

COUNT III NEGLIGENCE

33. The Plaintiff realleges paragraphs 14 through 28 of COUNT I as if fully alleged in this action and incorporates them herein by this reference.

34. The Plaintiff after much research and discovery and after not receiving reports nor X-RAY'S made an immediate effort to contact Defendant's.

35. That as a further, direct and proximate consequence of aforesaid fall incurred expenses in medical, and will require medical

Attention in the future.

36. That the Plaintiff has been physically damaged in His Ability to EARN income in the future AND will suffer inability into the future.

COUNT IV

NEGLIGENCE, MALPRACTICE, MEDICAL
INDIFFERENCE AND EMOTIONAL DISTRESS

37. Plaintiff realleges paragraphs 14 through 28 of COUNT I AS if fully alleged in this action AND INCORPORATES them herein by this REFERENCE.

38. On or about May 1, 2004 through Feb. 11, 2005 Plaintiff WAS SEEN by the D.C.C. Health Care Staff.

39. The Defendant's C.M.S. AND F.C.M. At all times material herein WERE the SOLE Health Care providers at D.C.C.

40. As a direct and proximate causation of Defendant's C.M.S. and F.C.M. failure to provide Plaintiff with medical treatment and x-ray for Plaintiff "serious" physical injuries, Plaintiff has suffered emotional distress in the form of pain, grief, anxiety, depression and substantial mental anguish from his physical injuries and his numerous attempts to get treatment.

CLAIMS FOR RELIEF

41. As to Count I of this Action, the actions of Defendant's Negligent Act failure to warn Plaintiff(s) of hazardous and unsanitary areas, Plaintiff was seriously injured, constitute the tort of Negligence and also causes an infliction of emotional distress under the common laws

OF THE STATE OF DELAWARE.

42. As to Count II of this Action; the acts or omissions of above Defendant's voluntary and arbitrary actions of refusing and or failing to provide exculpatory records (photo's, x-ray's, etc.,) that Plaintiff depended on for use of Plaintiff's trial, as well as not being able to present exculpatory evidence that would have shown mitigating circumstances in Plaintiff's trial, constitutes the Torts of Conversion, Interference with Prospective Advantage, Negligence and Bad Faith under the common tort laws of the State of Delaware.

43. As to Count III of this Action, Defendants by their acts of discovery and medical actions in which the Plaintiff was severely injured

CONSTITUTING THE TORTS OF NEGLIGENCE
UNDER CIVIL LIABILITY UNDER THE COMMON TORT
LAWS OF THE STATE OF DELAWARE.

44. AS TO COUNT IV OF THIS ACTION, THE
DEFENDANT'S C.M.S. AND F.C.M. BY THEIR FAILURE
TO PROVIDE ADEQUATE MEDICAL TREATMENT FOR
PLAINTIFF'S SERIOUS (1) INJURIES WHILE IN CUSTODY
UNDER CONTACT BY AFORESAID DEFENDANT'S TO
PROVIDE MEDICAL CARE CONSTITUTING THE TORTS OF
NEGLECT, MALPRACTICE, MEDICAL INDIFFERENCE
AND INFLECTION OF EMOTIONAL DISTRESS UNDER THE
COMMON TORT LAWS OF THE STATE OF DELAWARE.

RELIEF

WHEREFORE, THE PLAINTIFF SEVEAR/L. BACON PRAYS
FOR JUDGEMENT AGAINST THE DEFENDANT'S GRANTING
THE FOLLOWING RELIEF:

A. ISSUE A declaratory judgement

stating that:

1. As to Count I of this action the Defendant's Negligence caused the Aforesaid fall in which Plaintiff DEVEAR L. BACON WAS SERIOUSLY INJURED due to Defendant's failure to create a safe environment, constituting Negligence, infliction of emotional distress.
2. As to Count II of this Action the Defendant's failure and refusal to provide Plaintiff with exculpatory records for Plaintiff case, constituted the torts of Conversion, Interference with Prospective Advantage, Negligence and Bad Faith.
3. As to Count III of this Action, the

Defendant's by their discovery and medical actions, violation of States A, B, C. LAWS, Constituted Negligence.

4. As to Count IV of this action, the Defendant's C.M.S. AND F.C.M. failure to provide adequate medical care for the Plaintiff constitutes Negligence, Malpractice, Medical Indifference AND Infliction of Emotional Distress.

B. Award Compensatory Damages in the following Amount:

1. ~~7~~ AGAINST Defendant's for the physical AND emotional injuries sustained AS A RESULT OF Defendant's Negligence, AND infliction of emotional

distress CAUSING Plaintiff PAIN AND SUFFERING.

2. ~~Plaintiff~~ AGAINST Defendant's CONVERSION FOR THEIR OWN USE, INTERFERENCE WITH Plaintiff's PROSPECTIVE ADVANTAGE, NEGLIGENCE AND Bad Faith IN THEIR failure to provide AND supply Plaintiff with his RECORD, CONTRIBUTING TO Plaintiff's PAIN AND Emotional Suffering.

3. ~~Plaintiff~~ AGAINST Defendant's Place FOR their NEGLIGENCE AND UNLAWFUL ACTIONS OF discovery, medical AND failure to WARN Plaintiff(s) OF HAZARDOUS AND UNSANITARY AREA'S, CAUSED Plaintiff to fall, CAUSING Plaintiff much PAIN AND Suffering.

4. ~~30,000~~ AGAINST C.M.S. AND F.C.M.

MEDICAL SERVICES jointly AND SEVERALLY
FOR THEIR NEGLIGENCE, MEDICAL INDIFFERENCE
BY failing to provide ADEQUATE MEDICAL
CARE AS A follow-up of PLAINTIFF'S INJURIES
CAUSING PLAINTIFF to suffer physical
AND EMOTIONAL PAIN AND CONTRIBUTING TO
PLAINTIFF'S PAIN AND SUFFERING.

C. AWARD CONSEQUENTIAL DAMAGES in the
following amounts:

1. 30,000 AGAINST DEFENDANTS for the
physical AND EMOTIONAL INJURIES
SUSTAINED AS A RESULT OF DEFENDANT'S
NEGLECT, AND INFLECTION OF
EMOTIONAL DISTRESS CAUSING PLAINTIFF
PAIN AND SUFFERING.

2. 30,000 Against Defendant's Conversion for their own use, Interference with Plaintiff's Prospective Advantage, Negligence and Bad Faith in their failure to provide and supply Plaintiff with his record, contributing to Plaintiff's pain and emotional suffering.

3. 30,000 Against Defendant's Place for their negligence and unlawful actions of discovery, medical and failure to warn Plaintiff(s) of hazardous and unsanitary areas, caused Plaintiff to fall, causing Plaintiff much pain and suffering

4. 30,000 AGAINST C.M.S. AND F.C.M. Medical SERVICES jointly AND SEVERALLY for their NEGLIGENCE, Medical Indifference by failing to provide ADEQUATE medical CARE AS A follow-up of Plaintiff's INJURIES CAUSING Plaintiff to suffer physical AND EMOTIONAL PAIN AND CONTRIBUTING to Plaintiff's PAIN AND SUFFERING.

Δ. Award INCIDENTAL Damages in the following Amounts:

1. 30,000 AGAINST DEFENDANTS for the physical AND EMOTIONAL INJURIES SUSTAINED AS A RESULT OF DEFENDANT'S NEGLIGENCE, AND infliction of EMOTIONAL distress CAUSING Plaintiff PAIN AND SUFFERING.

2. 30,000 Against Defendant's Conversion for their own use, Interference with Plaintiff's Prospective Advantage, Negligence and Bad Faith in their failure to provide and supply Plaintiff with His Record, contributing to Plaintiff's pain and emotional suffering.
3. 30,000 Against Defendant's Place for their Negligence and unlawful actions of discovery, medical and failure to warn Plaintiff(s) of hazardous and unsanitary area's, caused Plaintiff to fall, causing Plaintiff much pain and suffering.

4. 30,000 AGAINST C.M.S AND F.C.M. Medical SERVICES jointly AND SEVERALLY for their NEGLIGENCE, Medical INDIFFERENCE by failing to provide ADEQUATE medical CARE AS A follow-up of Plaintiff's INJURIES CAUSING Plaintiff to SUFFER physical AND EMOTIONAL PAIN AND CONTRIBUTING to Plaintiff's pain and suffering.

E. Award Actual Damages in the following Amount:

1. 300,000 AGAINST Defendant's for the physical AND emotional (j) INJURIES SUSTAINED AS A RESULT OF Defendant's NEGLIGENCE, AND infliction of EMOTIONAL distress CAUSING Plaintiff PAIN AND SUFFERING.

2. 300,000 AGAINST DEFENDANT'S CONVERSION FOR THEIR OWN USE, INTERFERENCE WITH PLAINTIFF'S PROSPECTIVE ADVANTAGE, NEGLIGENCE AND BAD FAITH IN THEIR FAILURE TO PROVIDE AND SUPPLY PLAINTIFF WITH HIS RECORD, CONTRIBUTING TO PLAINTIFF'S PAIN AND EMOTIONAL SUFFERING.
3. 300,000 AGAINST DEFENDANT'S PLACE FOR THEIR NEGLIGENCE AND UNLAWFUL ACTIONS OF DISCOVERY, MEDICAL AND FAILURE TO WARN PLAINTIFF'S OF HAZARDOUS AND UNSANITARY AREA'S, CAUSED PLAINTIFF TO FALL, CAUSING PLAINTIFF MUCH PAIN AND SUFFERING.

4. 300,000 AGAINST C.M.S. AND F.C.M. Medical SERVICES jointly and SEVERALLY for their (NED) NEGLIGENCE, Medical Indifference by failing to provide ADEQUATE MEDICAL CARE AS A follow-up of Plaintiff's injuries CAUSING Plaintiff to SUFFER physical and EMOTIONAL PAIN AND CONTRIBUTING to Plaintiff's PAIN AND SUFFERING.

F. AWARD Hedonic DAMAGES in the following Amount:

1. 20,000 AGAINST Defendant's for the physical and emotional injuries SUSTAINED AS A RESULT OF Defendant's NEGLIGENCE, AND infliction of EMOTIONAL distress CAUSING Plaintiff PAIN AND SUFFERING.

2. 20,000 AGAINST DEFENDANT'S CONVERSION FOR THEIR OWN USE, INTERFERENCE WITH PLAINTIFF'S PROSPECTIVE ADVANTAGE, NEGLIGENCE AND BAD FAITH IN THEIR FAILURE TO PROVIDE AND SUPPLY PLAINTIFF WITH HIS RECORD, CONTRIBUTING TO PLAINTIFF'S PAIN AND EMOTIONAL SUFFERING.
3. 20,000 AGAINST DEFENDANT'S PLACE FOR THEIR NEGLIGENCE AND UNLAWFUL ACTIONS OF DISCOVERY, MEDICAL AND FAILURE TO WARN PLAINTIFF'S OF HAZARDOUS AND UNSANITARY AREA'S, CAUSED PLAINTIFF TO FALL, CAUSING PLAINTIFF MUCH PAIN AND SUFFERING.

4. 20,000 AGAINST C.M.S. AND F.C.M. MEDICAL SERVICES jointly AND SEVERALLY FOR their NEGLIGENCE, MEDICAL INDIFFERENCE by failing to provide Adequate Medical CARE AS A follow-up of Plaintiff's injuries CAUSING Plaintiff to suffer physical AND emotional pain AND contributing to Plaintiff's pain AND suffering.

G. Award Punitive Damage in the following Amount:

1. ~~20,000~~ AGAINST Defendant's for the physical AND emotional injuries SUSTAINED AS A RESULT OF Defendant's NEGLIGENCE, AND infliction of emotional distress CAUSING Plaintiff pain AND suffering.

2. ~~Plaintiff~~ Against Defendant's Conversion for their own use, Interference with Plaintiff's prospective Advantage, Negligence and Bad Faith in their failure to provide and supply Plaintiff with His Record, contributing to Plaintiff's pain and emotional suffering.
3. ~~Plaintiff~~ Against Defendant's Place for their Negligence and unlawful actions of discovery, medical and failure to warn Plaintiff's of hazardous and unsanitary area's, caused Plaintiff to fall, causing Plaintiff much pain and suffering.

4. ~~10,000~~ Against C.M.S. AND F.C.M. Medical SERVICES jointly AND SEVERALLY FOR their NEGLIGENCE, Medical Indifference by failing to provide Adequate Medical CARE AS A follow-up OF Plaintiff's injuries CAUSING Plaintiff to suffer physical AND emotional pain AND contributing to Plaintiff's pain AND suffering.

H. 20,000 jointly AND SEVERALLY AGAINST Defendant's for EXPENSES INCURRED AS THE RESULT OF BEING UNABLE TO PERFORM ORDINARY TASKS.

I. 100,000 jointly AND SEVERALLY AGAINST Defendant's for the loss OF MOVEMENT.

J. 100,000 jointly AND SEVERALLY AGAINST Defendant's for the loss OF time AND pleasurable activities.

K. Award Plaintiff Attorney Fee's for time in the preparation of this Action.

L. Award Plaintiff All medical EXPENSES

M. Award Plaintiff All interest on momentary Amounts held in Account.

N. Grant such other relief AS it may appear Plaintiff is entitled.

April 21, 2006

Respectfully,

A large, stylized handwritten signature in dark ink, consisting of multiple overlapping loops and a long horizontal stroke extending to the left.

Beverly L. Bacon
D.C.C.
1181 Paddock Rd.
Smyrna, Del 19977

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 21 day of April, 2006.

(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Certificate of Service

I, SEVERAL L. BACON, hereby certify that I have served a true
and correct cop(ies) of the attached: 1983 Form & Exhibit's

_____ upon the following
parties/person (s):

TO: Attorney General
820 N. French St.
Wilmington, Del.
19801

TO: _____

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this 21 day of April

2006

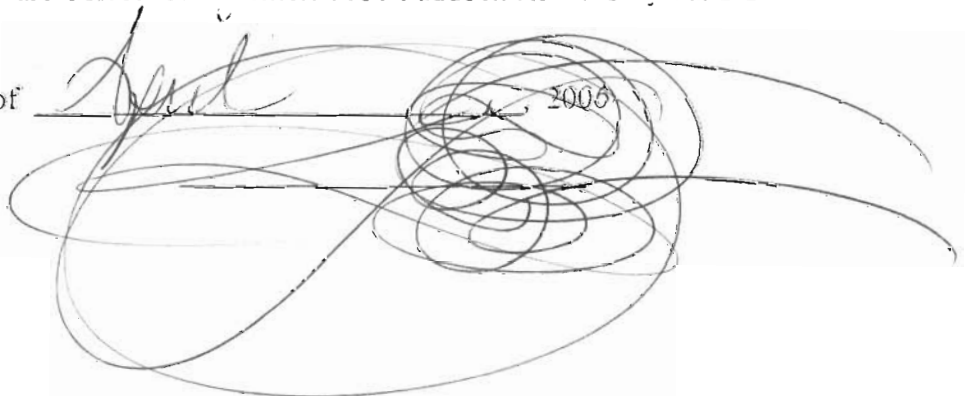


Exhibit A

STATE OF DELAWARE
DEPARTMENT OF CORRECTION
DELAWARE CORRECTIONAL CENTER
OFFICE OF THE INMATE GRIEVANCE CHAIRPERSON
1181 Paddock Road
SMYRNA, DELAWARE 19977

MEMORANDUM

To: Inmate Bacon, Devear 23 447
From: Cpl. L. M. Merson, Inmate Grievance Chairperson
Date: Monday, May 10, 2004
RE: Grievance

CMC
2-13-04

The grievance submitted by you Dated: 05/04/04 is being returned to you for the following reason(s):

- ☐ The complaint was addressed by the IGC:
- ☐ Security issue (involves the security and/or staffing of the Institution and/or the safety, health, and/or welfare of inmates, staff, and the public.
- ☐ Classification issues (security classification, jobs, transfers, programs, housing unit assignment). Classification has its own appeal process. The inmate must write to the DCC Classification Office within 7 days after the inmate receives the Classification decision. The letter must state that the inmate is appealing the classification and clearly indicate the reasons the inmate disagrees with the classification decision.
- ☐ Disciplinary issue: Disciplinary actions cannot be grieved but must be APPEALED following the Correctional Code of Penal Discipline.
- ☐ Parole Board Decision: The inmate must write a letter to the Parole Board within 30 days of the Board's decision, expressing the desire to appeal the decision and listing the reasons. The Parole Board's address is: Board of Parole; Carvel State Office Bldg.; 820 N. French Street, 5th Floor; Wilmington, DE 19801.
- ☐ Inmates cannot request or demand disciplinary action on staff. If you have a complaint regarding staff, WRITE A LETTER to that person's supervisor; in this case, that is:
- ☐ This is an issue/complaint that has already been grieved by you or another inmate.
- ☐ Grievance is unacceptable because it has passed the seven-day time frame allotted to file a grievance.
- ☐ The grievance is a photocopy, carbon copy, written in pencil, red ink or is illegible. Original grievance forms only and they must be written in Black or Dark Blue Ink.
- ☐ This complaint is addressed in the housing rules for your housing unit. Refer to the Housing Rules, page for clarification and/or direction.
- ☐ Action Request is Inappropriate or not completed. Inmate must make an actual request; such as, request that an investigation be conducted (inmates are not forwarded results of investigations that involve staff conduct).
- ☐ Documentation must be attached to the grievance when it is resubmitted that supports allegations/complaint; such as commissary receipts, Form 537, etc. The IGC will make copies of items submitted with the grievance and return the originals to the inmate.

☒ Other :You were checked out by medical. Inmates are not entitled to copies of Department or Medical paperwork unless, permission is granted by the Warden. Write a letter to him with your request. Inmates are not entitled to pictures of DOC property. The IGC is not a court therefore, does not have the power to grant compensation for pain and suffering.

cc: inmate
Original: file

T-HASTINGS HSA/FCM 2/71

ORIGINAL

FORM #584

GRIEVANCE FORM

FACILITY:

J.C.C.

DATE:

5-4-04

GRIEVANT'S NAME:

DEVEAR/C. BACON

SBI#:

22/242

CASE#:

TIME OF INCIDENT:

4:45 AM

HOUSING UNIT:

23-A-U-7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

On 5-1-04 I WAS LEAVING OUT OF Building 24 "B" dining hall, I BEGAN TO WALK OUT AND SLIPPED DOWN ON A WET SPOT ON THE FLOOR.

When I fell I turned to get up I felt A SHARP PAIN IN MY BACK; A C/O TOLD ME "DON'T TRY TO MOVE" A Lt. CAME AND TOLD ME "STAY ON THE FLOOR UNTIL NURSE GET'S HERE". NURSE PUT ME IN WHEEL CHAIR AND I WAS TAKEN TO NURSES OFFICE. NURSE ASKED ME "DO YOU FEEL ANY PAIN", I TOLD HER YES, Lt

ACTION REQUESTED BY GRIEVANT:

See attach sheet

GRIEVANT'S SIGNATURE:

DATE:

WAS AN INFORMAL RESOLUTION ACCEPTED?

(YES) (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE:

DATE:

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED

MAY 10 2004

April '97 REV

Inmate Grievance Office

Lt. ASKED ME ALONG WITH NURSE "WHAT HAPPEN",
I ~~told~~^{SAID} I SLIPPED LANDED ON MY BACK I TURNED
LEFT TO RIGHT TO GET UP OFF THE FLOOR AND
FELT LIKE A KNIFE STUCK ME UP MY BACK, A
C/O TOLD ME NOT TO MOVE ALONG WITH A SGT.

THE NURSE WROTE A REPORT DOWN, AND ORDERED
ME SOMETHING FOR PAIN., THE LT. ORDERED HIS STAFF
MEMBERS TO "WRITE A INCIDENT REPORT".

ON 5-1-04 IT WAS LEARNED THAT THE WET
SPOT ON THE FLOOR WAS BEING CAUSED BY WATER COMING
FROM THE CEILING AND WAS A "KNOWN PROBLEM" PRIOR
TO ME FALLING., I WROTE THE KITCHEN, SHIFT
COMMANDER'S ASKING ("WAS W") "WHY WASN'T THIS
HAZARDOUS CONDITION" ADDRESS., I ALSO ASKED
FOR A INVESTIGATION AS TO WHY THERE WAS NO
WARNING SIGN.

I wrote INTERNAL AFFAIRS AND M.H.U.
BUILDING Shift COMMANDER. ASKING for a photo
of this HAZARDOUS AREA.

Action Requested :

- ① Need Photo of HAZARDOUS AREA,
- ② Medical CARE,
- ③ To be COMPENSATED for my PAIN AND
SUFFERING.

- ④ A copy of all medical AND INCIDENT report's.

~~DEVERAL L. BACON~~

7/9/04, 2004

Copy

DEVEAR L. BACON
22/242
23 - A - U - 7

INTERNAL AFFAIRS
D.C.C.

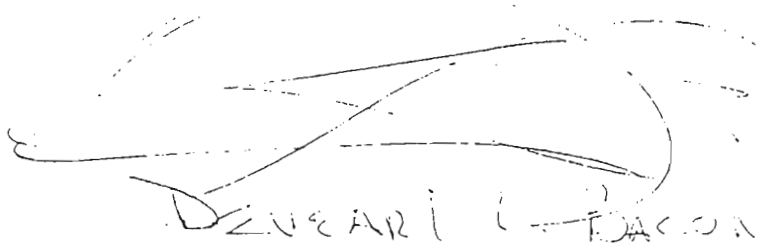
May 2, 2004

Mr. or Mrs. ;

Good-Day, On 5-1-04, building 24
dining room "B", 4:45 AM, I WAS LEAVING
out, I slipped down on a wet spot by the
first table as you enter.

On 5-1-04 dinner time I learned that
the spot of water has been a problem 3-4 daies
(or 2-3 daies) before I fell., I learned that the
wet spot is being caused from water coming
from the ceiling.

I need the ceiling and the area where
the wet spot is photoed for ladder date, and
need a investigation report.


DEVEAR L. BACON

COPY

DEVEAR L. BACON
32/242
23-A-U-7

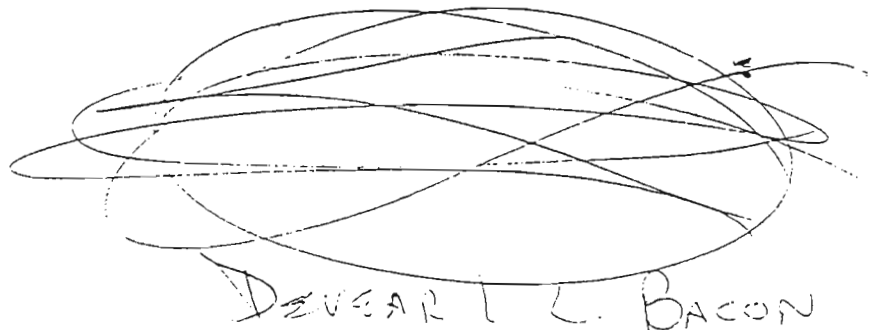
Shift Commander
M-H U. Build.

MAY 2, 2004

Sir ;

Good-Day , ON 5-1-04 I fell ON A wet
spot in building 24 dining room "B". This
wet spot is CAUSED FROM THE CEILING.

I NEED A photo of this problem AREA
FOR LADDER DAIES AHEAD.



DEVEAR L. BACON

DEVEART L. BACON
#221242
-75-A-11-7

Kitchen Commander

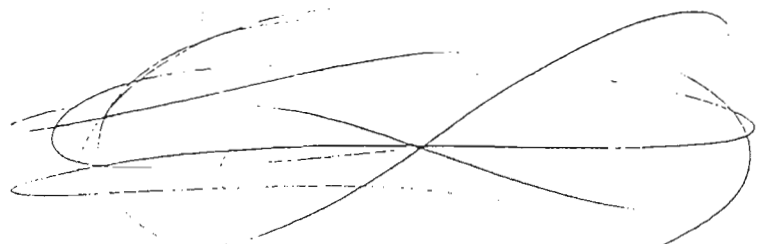
D. C. C.

May 2, 2004

Sir;

Good Day, On 5-1-04 I fell down on a wet spot in dining room "B" build. 24, It has been learned that this spot is being caused by water coming from the ceiling, It has been learned that this has been a problem prior to my fall.

I need a written report or investigation as to why there was no caution sign or why there was no warning of this hazardous condition.



DEVEART L. BACON

FORM #584

Copy

GRIEVANCE FORM

FACILITY: A.C.C.DATE: 7-17-04GRIEVANT'S NAME: JEFFREY L. BACONSBI#: 771742

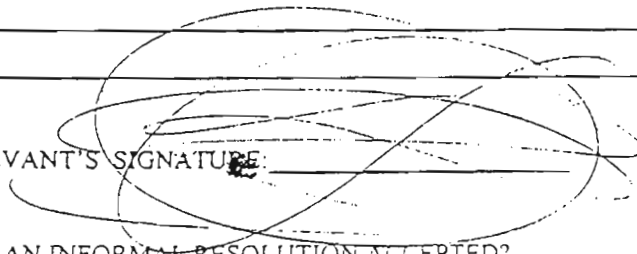
CASE#: _____

TIME OF INCIDENT: _____

HOUSING UNIT: 23-A-6-7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

OVER 60 DAYS AGO I FILED GRIEVANCE FOR SLIP AND FALL, I ASKED THE SHIFT COMMANDER, INTERNAL AFFAIRS, AND KITCHEN COMMANDER TO TAKE PHOTO'S AND GIVE ME A INVESTIGATION ON THE "HAZARD AREA" AND NOTHING WAS DONE NOR WAS MY GRIEVANCE HEARD.

ACTION REQUESTED BY GRIEVANT: TO BE PAID FOR PAIN & SUFFERINGGRIEVANT'S SIGNATURE: DATE: July 17, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED? _____

(YES)

(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

State of Delaware)
) SS.
County of New Castle)

Affidavit of: Martin Roberts
Dated: _____

AFFIDAVIT

#174059

I, MARTIN ROBERTS, being first duly sworn deposes and says that the foregoing statement is true and correct observation of what occurred on the above date herein at/in Bldg. #24 Dining Hall B located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware.

ON (5-1-04) I WITNESSED DEVEARL L. BACON FALL
ON THE FLOOR INSIDE BUILDING #24 DINING HALL AREA.
MR. BACON WAS WALKING BEFORE ME WHEN HE SLIPPED
AND FELL ON A WET SPOT ON THE FLOOR. TO THIS
DATE (5-4-04) THE WET SPOT IS STILL THERE AND
NO INMATE HAS BEEN WARNED BEFORE OR SINCE MR. BACON
FALL.

Affiant:

Martin Roberts

Signature

MARTIN ROBERTS

Print Name

Delaware Correctional Center
1181 Paddock Rd.
Smyrna, Delaware 19977

SWORN TO AND SUBSCRIBED before me this 10th day of May, 2004

My Commission Expires:

[Signature]
Notary Public

State of Delaware)
) SS.
 County of New Castle)

Affidavit of: MARK Tingle
 Dated: May 4, 2004

AFFIDAVIT

I, MARK TINGLE #331464, being first duly sworn deposes and says that the foregoing statement is true and correct observation of what occurred on the above date herein at/in Block #24 Dining Hall located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware.

I MARK TINGLE #331464

Did SEE DEVERAL BACON Fall inside B-dining Hall
 MHU Building. The time was about 4:50 a.m., the
 inmates were told to leave, AS MR. BACON walked
 towards the last table going out the door he slipped
 on a wet spot caused by the ceiling. MR. BACON
 fell on his back, AS he turned to get up he
 screamed. A cop told him to sit still and wait
 until the nurse gets there.

Affiant:

Mark Tingle
 Signature

Mark Tingle
 Print Name

Delaware Correctional Center
 1181 Paddock Rd.
 Smyrna, Delaware 19977

SWORN TO AND SUBSCRIBED before me this 10th day of MAY, 2004

My Commission Expires:

Mark V. Jones
 Notary Public

State of Delaware)
) SS.
 County of New Castle)

Affidavit of: Statement
 Dated: 1-12-05

AFFIDAVIT

I, Gregory D. Shultz being first duly sworn deposes and says that the foregoing statement is true and correct observation of what occurred on the above date herein at/in D.C.C. located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware.

On 5-1-04, 4:45 A.M., I witnessed
 Devereal Bacon Fall while coming out of
 B. Dining hall M.H.U. Bldg.
 I also witnessed the water coming down
 from pipes onto the tables.

Affiant:

Gregory D. Shultz
 Signature

Gregory D. Shultz #256982
 Print Name

Delaware Correctional Center
 1181 Paddock Rd.
 Smyrna, Delaware 19977

SWORN TO AND SUBSCRIBED before me this 14th day of January, 2005.

My Commission Expires: June 14th, 2006

Timothy J. [Signature]
 (Notary Public)

Exhibit B

State of Delaware)
) SS.
 County of New Castle)

Affidavit of: _____

Dated: _____

AFFIDAVIT

#174059

I, MARTIN ROBERTS, being first duly sworn deposes and says that the foregoing statement is true and correct observation of what occurred on the above date herein at/in BLDG. #24 DINING HALL "B" located in the Delaware Correctional Center, Smyrna, Delaware, in that I was a part of or witnessed the incident described herein. I would clearly state under penalty of perjury of the laws of the State of Delaware.

ON 5-7-04 DINING HALL "B" BUILDING #24 I WALKED
 IN AND SEEN WATER DRIPPING FROM A PIPE IN THE CEILING
 DOWN TO THE FLOOR. THIS AREA IS THE EXACT AREA
 WHERE AS DEVEARL DACON'S MISHAP OCCURRED. THERE STILL
 ISN'T A DANGER ZONE SIGN FOR THIS HAZARDOUS AREA.

Affiant:

Martin Roberts #174059
 Signature

MARTIN ROBERTS #174059
 Print Name

Delaware Correctional Center
 1181 Paddock Rd.
 Smyrna, Delaware 19977

SWORN TO AND SUBSCRIBED before me this 11th day of May, 2004

My Commission Expires:

[Signature]
 Notary Public

FORM #584

GRIEVANCE FORM

Inmate Copy

FACILITY: J.C.C.DATE: 5-7-04GRIEVANT'S NAME: DEVEARL BACONSBI#: 22/242

CASE#: _____

TIME OF INCIDENT: 4:45 PM (5-7-04)HOUSING UNIT: 23-A-4-7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I WAS WALKING IN DINING HALL "B" BUILDING 24, AS I WENT TO SIT DOWN AT THE FIRST TABLE I SEEN A LOT OF WATER ON THE TABLE AND ON THE FLOOR; I STOPPED AND DIDN'T SIT AT THE TABLE, I LOOKED UP TO THE CEILING TO SEE THAT THE WATER WAS DRIPPING OUT OF A OUT-GOING "SEWAGE" PIPE. THIS IS THE SAME PROBLEM AREA TO WHICH I SLIPPED AND FELL, I SLIPPED IN THIS AREA ON 5-1-04, I ASKED TO HAVE THIS AREA CAUTIONED AND IT WASN'T. WHAT WAS A HAZARDOUS AREA IS NOW ALSO A UNSANITARY. "THE UN-SEEN DANGERS ARE HORRIFIC."

ACTION REQUESTED BY GRIEVANT: FOR THE EXPOSURE TO THESE CONDITIONS I WANT TO BE CONFISCATED, I ALSO SEEK INVESTIGATION REPORT SENT TO ME FOR MY OWN FILE, I ALSO NEED BOTH OF THESE PROBLEM AREAS PHOTOED TO PERSERVE THE EVIDENCE.

GRIEVANT'S SIGNATURE: _____

DATE: May 7, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED? _____

(YES)

(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

RECEIVED

MAY 17 2004

Inmate Grievance Office

FORM #584

GRIEVANCE FORM

FACILITY: A-C-CDATE: 6-10-04GRIEVANT'S NAME: DEVEAR BACONSBI#: 22/242CASE#: 4467TIME OF INCIDENT: 4:45 AMHOUSING UNIT: 23-A-U-7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I WENT TO GO EAT IN BUILDING 24 "B" SIDE DINING AREA @ AND THE HAZARDOUS AREA I FEEL OVER A MONTH AGO IS STILL THERE

ACTION REQUESTED BY GRIEVANT: WARN INMATES OF THIS PROBLEM-GRIEVANT'S SIGNATURE: DATE: June 10, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED?

☐ (YES)☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

RECEIVED

JUN 16 2004

Inmate Grievance Office

Exhibit C

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

DEVEAR L. BACON

23-A-U-7

Name (Print)

Housing Location

11-27-69

82/242

5-3-04

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

My left big toe
is NUMB ALONG tingling in my foot. My
back is BURNING

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

COPY

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

DEVEAR L. BACON

23-A-U-7

Name (Print)

Housing Location

11-27-69

22/242

5-9-04

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)? YESTERDAY I TRIED
DRIBBLING A BASKETBALL AROUND FOR A WHILE, ABOUT
5 MIN. LATER MY BACK STARTED BURNING AND
I STOPPED. CAN YOU GIVE ME SOMETHING FOR PAIN.

[Signature]
 Inmate Signature

May 9, 2004
 Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

 Provider Signature & Title

 Date & Time

Copy

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

DEVEAR L. BACON

Name (Print)

23-A-11-7

Housing Location

11-27-69

Date of Birth

22/24/2

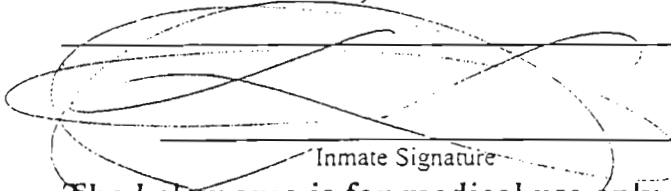
SBI Number

May 17, 2004

Date Submitted

Complaint (What type of problem are you having)?

I received meds. for my A/Pain back and n/Doc., the Dr. ordered these meds, I want them to be self-meds.


Inmate Signature

May 17, 2004
Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

Delaware Department of Correction
Health Care Services-Fee Sheet

Inmate Name _____ SBI # _____
(Last, First MI)

Facility _____ Date _____

_____	Chargeable Visit	\$4.00
_____	Non Chargeable Visit	-0-
_____	Medication Handling Fee (\$2.00 X _____)	\$ _____

Total Amount Charged To Inmate Account \$ _____

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: _____

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

Delaware Department of Correction
Health Care Services Fee Sheet

Inmate Name JOHN J. WILSON SBI # 151 242

(Last, First MI)

Facility _____ Date 2-12-85

<u>✓</u> Chargeable Visit	\$4.00
---------------------------	--------

Non Chargeable Visit -0-

____ Medication Handling Fee (\$2.00 X ____) \$_____

Total Amount Charged To Inmate Account \$ 6.00

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: _____ Date: 8/2/25

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by _____ Date _____

Copy: Inmate Medical Record (yellow)

Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

Exhibit D

Copy

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

SEVERN / C. BACON

23-A-44-7

Name (Print)

Housing Location

11-27-69

231242

May 17, 2004

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)?

I need a memo for my back, what I can pick up or not, I need memo so I can show the staff, I need a job, I'm penniless, I don't even have a button.

Inmate Signature

Date

~~The below area is for medical use only. Please do not write any further.~~

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

Copy

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: ~~DELAWARE CORRECTIONAL CENTER~~This request is for (circle one): MEDICAL ~~DENTAL~~ ~~MENTAL HEALTH~~DEVEAR L. BACON23-A-U-7

Name (Print)

Housing Location

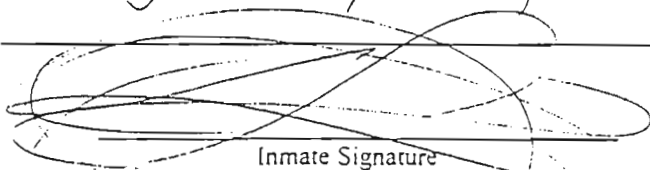
11-27-692212426-17-04

Date of Birth

SBI Number

Date Submitted

Complaint (What type of problem are you having)? I NEED A REFILL OF
IBUPROFEN FOR MY BACK. SOMETHING IS VERY
WRONG WITH MY BACK, I NEED A X-RAY.



Inmate Signature

June 17, 2004

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

DEVEAR L. BACON

23-A-11-7

Name (Print)

11-27-69

Date of Birth

201242

SBI Number

Housing Location

8-23-04

Date Submitted

Complaint (What type of problem are you having)? FOR THE PAST 3 WEEKS
I BEEN BENDING AND MOVING MY BACK, I'M STILL
IN PAIN I NEED MY IBUPROFEN RE-NEWED. I ALSO
NEED A X-RAY OF MY BACK

[Signature]
Inmate Signature

Aug. 27, 2004
Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

COPY

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

DEVEAR L BACON

Name (Print)

22-A-11-7

Housing Location

11-27-67

Date of Birth

221245

SBI Number

11-22-04

Date Submitted

Complaint (What type of problem are you having):

Yesterday I twisted
a lower leg and now my back is in pain.

Inmate Signature

11/22/2004

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Form 100-100-0000

Copy

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

DEVEARL BACON

21-C-U-6

Name (Print)

11-27-69

Date of Birth

221242

SBI Number

Housing Location

12-5-4

Date Submitted

Complaint (What type of problem are you having)? for the past 5-6
months my back has been in pain. I need a
RE-NEW Ibufrofen. I also would like to have
a X-RAY of my back.

Inmate Signature

Date

Apr 5 2006

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

Copy

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

DEVEAR L BACON 21-C-4-6
Name (Print) Housing Location
11-27-69 22/242 12-27-04
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? FOR THE PAST 5-6 MONTHS
MY BACK HAS BEEN IN PAIN. I NEED A RE-NEW
IBUPROFEN. I ALSO WOULD LIKE TO HAVE A X-RAY
OF MY BACK. THIS IS MY SECOND SICK-CALL.

[Signature]
Inmate Signature

Dec 27 2004
Date

The below area is for medical use only. Please do not write any further.

S:

O:

Temp: _____

Pulse: _____

Resp: _____

B/P: _____

WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

Copy

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

SEVEAR / C. BACON 21-C-11-6
 Name (Print) Housing Location
11-27-69 22/242 1-16-5
 Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? I like to have
A X-RAY for my back, something for my
pain, and a syphilis test. This is my
second & third sick-call

[Signature] Jan 16, 2005
 Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

DEVEAR L. BACON

Name (Print)

11-27-69

Date of Birth

221242

SBI Number

21-C-IL-6

Housing Location

2-11-5

Date Submitted

Complaint (What type of problem are you having)? I SEEN X-RAY DOCTOR
TODAY (GOT X-RAY), SHE TOLD ME "IF I WANT TO SEE
ME RESULTS THEY WILL BE DONE BY 2-15-5 JUST
PUT SICK CALL IN SO YOU CAN SEE YOUR X-RAY"

[Signature]

Inmate Signature

2-11-2005

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

SEVERAL L BACON 21-C-UL-6
Name (Print) Housing Location
11-27-69 221242 3-16-5
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? I took an eye X-ray
4 weeks ago and want to "see" the results
with my good eye's.

[Signature] March 16, 2005
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S: _____

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

 Provider Signature & Title

 Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
 This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

SEAN L. BACON
 Name (Print)
11-27-62 221242 21-C-11-6
 Date of Birth SBI Number Housing Location
3-16-5
 Date Submitted

Complaint (What type of problem are you having)? I took an X-RAY
4 WEEKS AGO AND WANT TO "SEE" THE RESULTS
WITH MY OWN EYE'S.

[Signature]
 Inmate Signature

March 16, 2005
 Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P: 4/15/05. No issues at present time. Doctor will notify
if abnormal. Leslie Robinson, RN
Leslie Robinson, RN
4-15-05

E:

FILE

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Exhibit E

FORM #585

MEDICAL GRIEVANCE

Copy

FACILITY:

ICC

DATE SUBMITTED:

4-5-5

INMATE'S NAME:

DEVERN L. BACON

SBI#:

25-1242

HOUSING UNIT:

21-C-4-6

CASE #:

SECTION #1

DATE & TIME OF MEDICAL INCIDENT:

TYPE OF MEDICAL PROBLEM:

SINCE FEB. "2005" I'VE put in 2 Sick-calls to see the results of my X-RAYS of my back.

GRIEVANT'S SIGNATURE:

DATE:

April 5, 2005

ACTION REQUESTED BY GRIEVANT:

I want to physically see my X-RAYS

DATE RECEIVED BY MEDICAL UNIT:

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

Inmate Copy

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : BACON, DEVEAR L	SBI# : 00221242	Institution : DCC
Grievance # : 12958	Grievance Date : 04/05/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/05/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier C, Cell 6, Top	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Since Feb 2005 I've put in 2 sick calls to see the results of my x-rays of my back.

Remedy Requested : I want to physically see my x-rays.

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 04/06/2005
Investigation Sent : 04/06/2005	Investigation Sent To : Eller, Anita
Grievance Amount :	

DCC Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : BACON, DEVEAR L	SBI# : 00221242	Institution : DCC
Grievance # : 12958	Grievance Date : 04/05/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/05/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier C, Cell 6, Top	

INFORMAL RESOLUTION

Investigator Name : Eller, Anita

Date of Report 04/06/2005

Investigation Report :

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

DCC - Delaware Correctional Center

Date: 05/04/2005

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : BACON, DEVEAR L	SBI# : 00221242	Institution : DCC
Grievance # : 12958	Grievance Date : 04/05/2005	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/05/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier C, Cell 6, Top	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Since Feb 2005 I've put in 2 sick calls to see the results of my x-rays of my back.

Remedy Requested : I want to physically see my x-rays.

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 04/06/2005
Investigation Sent To : 04/05/2005	Investigation Sent To : Eller, Anita
Grievance Approved :	

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : BACON, DEVEAR L	SBI# : 00221242	Institution : DCC
Grievance # : 12958	Grievance Date : 04/05/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/05/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier C, Cell 6, Top	

INFORMAL RESOLUTION

Investigator Name : Eller, Anita

Date of Report 04/06/2005

Investigation Report :

Reason for Referring:

Discussed results of X-Ray w/ 1/m. Insists on seeing actual Films.

Offender's Signature: *Refused to sign*Date : *5/12/05*

Witness (Officer)

Lise Merson

GRUEVANCE APPEAL COPY

SEVEAR/L. BACON

#22/242

22-B-U-2

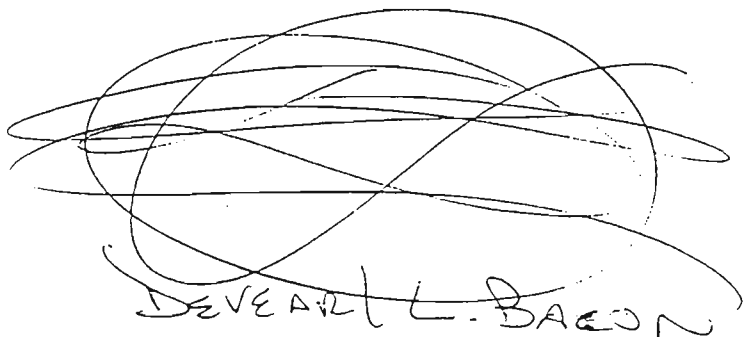
CA No. 12958

Date: Tuesday, Aug. 16, 2005

Board ;

This is a "re-copy" Appeal Form.

I need to physically SEE X-RYS of back.


SEVEAR/L. BACON

Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name : BACON, DEVEAR L	SBI# : 00221242	Institution : DCC
Grievance # : 12958	Grievance Date : 04/05/2005	Category : Individual
Status : Withdrawn	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/05/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 22, Upper, Tier B, Cell 2, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: Since Feb 2005 I've put in 2 sick calls to see the results of my x-rays of my back.

Remedy Requested : I want to physically see my x-rays.

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 04/06/2005
Investigation Sent : 04/06/2005	Investigation Sent To : Eller, Anita
Grievance Amount :	

Inmate Copy

Blacksburg Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

INFORMAL RESOLUTION

OFFENDER GRIEVANCE INFORMATION

Offender Name : BACON, DEVEAR L	SBI# : 00221242	Institution : DCC
Grievance # : 12958	Grievance Date : 04/05/2005	Category : Individual
Status : Withdrawn	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/05/2005	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg 22, Upper, Tier B, Cell 2, Bottom	

INFORMAL RESOLUTION

Investigator Name : Eller, Anita Date of Report 04/06/2005

Investigation Report : Discussed results of x-rays with inmate. - insists on seeing actual films
refused to sign

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

Delaware Correctional Center
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - IGC

OFFENDER GRIEVANCE INFORMATION

Offender Name : BACON, DEVEAR L	SBI# : 00221242	Institution : DCC
Grievance # : 12958	Grievance Date : 04/05/2005	Category : Individual
Status : Withdrawn	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/05/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 22, Upper, Tier B, Cell 2, Bottom	

IGC

Medical Provider:

Date Assigned

Comments:

☒ Forward to MGC

☐ Warden Notified

☐ Forward to RGC

Date Forwarded to RGC/MGC : 05/26/2005

☐ Offender Signature Captured

Date Offender Signed :

DCC Delaware Correctional Center

Date: 08/23/2005

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

GRIEVANCE INFORMATION - Appeal**OFFENDER GRIEVANCE INFORMATION**

Offender Name : BACON, DEVEAR L	SBI# : 00221242	Institution : DCC
Grievance # : 12958	Grievance Date : 04/05/2005	Category : Individual
Status : Withdrawn	Resolution Status :	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/05/2005	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 22, Upper, Tier B, Cell 2, Bottom	

APPEAL REQUEST

No Appeal Returned. Grievance withdrawn

REMEDY REQUEST

Exhibit F

Certificate of Service

I, SEVEAR L. BACON, hereby certify that I have served a true
and correct cop(ies) of the attached: 1983 Form & Exhibit's

_____ upon the following
parties/person (s):

TO: Attorney General
820 N. French St.
Wilmington, Del.
19801

TO: _____

TO: _____

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this 21 day of April

2006

